

**BY ORDER OF THE COMMANDER
35TH FIGHTER WING**

**35TH FIGHTER WING INSTRUCTION
48-107**



29 AUGUST 2012

Aerospace Medicine

***BLOODBORNE PATHOGEN
EXPOSURE CONTROL PLAN***

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFPDD 48-1, *Aerospace Medical Program*, and is used in conjunction with AFIs 44-108, *Infection Control Program*, and 48-101, *Aerospace Medical Operations*. This instruction establishes guidelines for personnel who have reasonably anticipated occupational exposure to bloodborne pathogens (BBP) in the course of their duties on Misawa Air Base (MAB). It applies to all organizations on bases whose personnel have reasonably anticipated occupational exposure to blood, body fluids, or other potentially infectious materials (PIM) in the course of their assigned duties. This instruction also applies to the Air Force Reserves or Air National Guard units and members performing temporary duty at MAB. It primarily involves personnel working in the Medical Group, Fire Department, Security Police, and Office of Special Investigations (OSI). Also included are employees required to provide first aid response as part of their duties. However, all personnel working on MAB should understand how bloodborne pathogens are transmitted in case they must respond to an injured/ill coworker, dried blood found on an object, or a biohazardous spill. Waivers to this instruction must be requested through 35 MDG/CC. This instruction does not require functional OPR review. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afrims/afrims/afrims/rims.cfm>. Additionally, if the publication generates a report(s), alert readers in a statement and cite all applicable Reports Control Numbers in accordance with AFI 33-324. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847,

Recommendation for Change of Publication; route AF Form 847s from the field through the appropriate functional's chain of command.

SUMMARY OF CHANGES

This document is substantially revised and must be completely reviewed. Procedures were reorganized, updated and validated to coincide with Air Force, and Federal Government regulations. Attachment 1, Glossary of References and Supporting Information, and Attachment 4, Hepatitis B Declination Statement were added. All other attachments were renumbered.

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1. Exposure Determination:

1.1. Exposure Categories. Occupational Safety and Health Administration (OSHA) has established three risk exposure categories for protection against occupational exposure to infectious diseases to include Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV). These categories are as follows:

1.1.1. Category I (High Risk). High risk tasks are those that involve routine exposure to human blood, body fluids, or tissues. All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with human blood, body fluids, tissues, PIMs, or a potential for spills or splashes. Use of personal protective equipment (PPE) will be required for employees engaged in Category I tasks. Category I job classifications will include the following: physicians, dentists, nurses, physician's assistants, medical laboratory officers and technicians, dental technicians, dental hygienists, dental assistants, dental volunteers, radiology technicians, optometrist,

optometry technicians, immunization technicians, medical technicians, and emergency medical technicians.

1.1.2. Category II (Moderate Risk). These are routine tasks that involve no exposure to human blood, bodily fluids, tissues, or other PIMs, but employment may require performing unplanned/ emergency Category I tasks. Normal work routine involves no exposure to blood, body fluids, or PIMs, but exposure or potential exposure may be required as a condition of employment. Appropriate PPE, as determined by the supervisor, in consultation with Bioenvironmental Engineering, will be readily available to every employee engaged in Category II tasks. Listed below in Table 1 are Category II job classifications and tasks which may incur exposure:

Table 1. Category II

JOB	TASK
Utility Workers	Plumbing, working on sewage systems
Firefighters	First responders, emergency rescue procedures/rendering first aid
Security Forces	First responders, emergency rescue procedures/rendering first aid
AFOSI	Crime scene investigations
Hospital Employees not in Category I	Potential contact with infectious patients/ equipment
Hospital Volunteers-Patient Care Areas	Potential contact with infections patients/equipment
Hospital Housekeeping	Sorting laundry/trash
Designated First Aid Responders	First aid response in the workplace
Dental Lab Technicians	Create dental prosthetics, prepare fillings
Biomedical Equipment Repair	Repairing potentially contaminated medical Equipment

1.1.3. Category III (No Anticipated Risk). Tasks that involve no exposure to human blood, body fluids or tissues. Category III tasks are not a condition of employment. The normal work routine involves no exposure to human blood, body fluids or tissues (although situations may be imagined or hypothesized under which anyone, anywhere, might encounter a potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or to assist in emergency medical care or first aid, or to be potentially exposed in some other way. These workers may perform care as “Good Samaritans”. Category III tasks and procedures may result in occupational exposure of almost any person in any job classification (for example, administrative workers, food handlers, routine laborers, industrial shop personnel, and so forth). Duties that may involve potential exposure for Category III personnel include:

1.1.3.1. Disposing of soiled tissues or debris soiled with visible blood from restrooms or offices.

1.1.3.2. Physical contact with other employees or visitors with exudative lesions or weeping dermatitis.

1.1.3.3. Provision of emergency first aid or cardiopulmonary resuscitation (CPR) until professional help arrives. **NOTE:** Personnel who must be immunized against

HBV on MAB include all Category I personnel and all active duty personnel and civilians who work in Category II shops including medical, fire fighting, security police, explosive ordinance disposal, and other identified work centers with job tasks that potentially expose assigned workers to human waste and/or blood and body fluids. All other personnel in Category III will be evaluated for post-exposure prophylaxis to HBV if an exposure incident occurs that is related to their occupational tasks.

2. Responsibilities:

2.1. The 35th Fighter Wing Commander:

2.1.1. Is responsible for ensuring all units with personnel in Categories I and II (see paragraphs 1.1.1 and 1.1.2) develop and review annually a unit-specific Bloodborne Pathogen Exposure Control Program (see Attachment 2).

2.1.2. Ensure initial and annual training (see Attachment 3) is accomplished for personnel considered at risk.

2.1.3. Ensure each unit commander complies with the guidance referred to in the following references: 29 Code of Federal Regulation (CFR) 1910.1030, Occupational Exposure to Bloodborne Pathogens, Occupational Safety and Health Administration (OSHA); AFPD 48-1, AFIs 44-108, 48-101; 91-204, Safety Investigations and Mishaps; and 91-301, Air Force Occupational and Environmental Safety, Fire Prevention, and Health (AFOSH) Program; Morbidity and Mortality Weekly Report, Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, Vol. 50, No RR-11, 29 June 2001; Morbidity and Mortality Weekly Report, Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis, Vol. 54, No RR-9, 30 September 2001; Morbidity and Mortality Weekly Report, Notice to Readers: Updated Information Regarding Antiretroviral Agents Used as HIV Postexposure Prophylaxis for Occupational HIV Exposures, Vol. 56, No. 49, 14 December 2007; as well as the expanded policies set by this program.

2.2. Unit Commanders. Will ensure that all personnel at risk for occupational exposure to blood, body fluids, or other PIMs are adequately protected, receive initial orientation and annual training, and comply with established guidelines and requirements defined in this program and 29 CFR 1910.1030.

2.3. Commanders of Organizations with Personnel at Risk for Occupational Exposures. Will designate an OPR for facilitating completion of the unit's BBP Exposure Control Program (using Attachment 2), monitoring compliance with engineering and work practice controls, PPE, housekeeping, elements of hazard communication and training documentation as stipulated by this program. **NOTE:** For contracted services, it's the contractor, not the Air Force, who assumes responsibility for compliance with OSHA standards and for the safety and health of their employees. Air Force contract specifications for services and materials must stipulate strict adherence to 29 CFR 1910.1030 and must specify who provides PPE to whom, who provides Hepatitis B vaccinations, who gives the training, and who investigates and documents bloodborne or other potentially infectious pathogen exposure incidents.

2.3.1. Refer all incoming Category I or II personnel to the Immunizations Clinic (35MDOS/SGPMI) for Hepatitis B vaccine series, as applicable.

2.3.2. Purchase, properly store, replace or repair, clean, dispose of and ensure the use of PPE needed to protect Category I and II workers from exposure to blood, body fluids, and other potentially infectious materials. There must be enough PPE on hand to protect all workers involved in procedures with potential exposures. Additionally, PPE must be available in all sizes which appropriately fit all workers potentially exposed.

2.4. **At Risk Individuals.** Each at-risk individual (active duty member, government employee, contract employee, student or volunteer assigned or attached to work in any affected organization) is responsible for knowledge of and compliance with this program. Each supervisor must document personnel training on AF Form 55, *Employee Safety and Health Record*, or its equivalent.

2.5. **Training for Self-Aid and Buddy Care.** All training for self-aid and buddy care (SABC) and CPR will include basic information concerning bloodborne and other potentially infectious pathogens, their transmission, and method of exposure control.

2.6. The 35 MDG will provide:

2.6.1. Medical oversight for eligible workers exposed to blood, body fluids, or other PIMs in the course of their duties. Medical oversight for potentially exposed workers includes:

2.6.1.1. Immunizations (with documentation) to protect Category I and II workers against bloodborne pathogens.

2.6.1.2. Medical follow-up, treatment, and documentation for authorized personnel exposed to blood, body fluids, or other PIMs in the course of their duties.

2.6.1.3. Written risk assessment opinions for employees exposed to blood, body fluids, or other PIMs.

2.6.2. Medical education to authorized workers following potential exposure to infectious materials in routine course of their duties.

2.6.3. Review and approval by Public Health (PH) (when requested by organizations) of unit exposure control programs and educational programs developed for workers potentially exposed to blood, body fluids, or other PIMs in the course of their duties.

2.6.4. Disposal of contaminated waste (upon request) through the medical waste disposal contract when waste contaminated with blood and body fluids. Any contaminated waste collected, gathered and transported in biohazard containers will also be disposed.

2.6.5. PH provides initial training upon request to organization supervisors on proper techniques and prevention of exposure to blood, body fluids, and other PIMs. Units may employ their own selected BBP initial training curriculum with review and approval by PH. PH also provides:

2.6.5.1. Technical advice and supervisory assistance on:

2.6.5.1.1. The types of PPE needed to protect workers from exposure to blood, body fluids, or other PIMs. Bioenvironmental Engineering and Infection Control

personnel may also provide recommendations regarding PPE.

2.6.5.1.2. Training of workers exposed to blood, body fluids, or other PIMs in the course of their duties.

2.6.5.1.3. Training of workers on decontamination of surfaces contaminated with blood, body fluids, or other PIMs.

2.6.6. A medical consultant who will evaluate exposure incidents.

2.6.7. A medical representative available to answer questions on exposure incidents.

2.7. All units with workers in Category I and II job classifications and any workers exposed to blood, body fluids, or other PIMs will:

2.7.1. Develop an Exposure Control Program for their workers using the template in **Attachment 2. The completed program will be reviewed by PH (35 AMDS/SGPM, Occupational Health Section) upon request.**

2.7.2. Ensure the unit's written Exposure Control Program and its documentation are available to workers who may have questions and to authorized program evaluators for required review.

2.7.3. Develop, schedule, provide training materials, and document training for workers about the medical aspects of exposure to blood, body fluids, or other PIMs, organizational procedures, and the storage and use of PPE. PH will provide consultation as requested.

2.7.4. Purchase, properly store, and ensure the use of PPE needed to protect workers from exposure to blood, body fluids, or other PIMs. There must be enough PPE on hand to protect all workers involved in procedures with potential exposures. Additionally, PPE must be available in sizes that appropriately fit all workers potentially exposed.

2.7.5. Clean, launder, and/or dispose of PPE at no cost to the employee.

2.7.6. Repair or replace PPE as needed to maintain its effectiveness, at no cost to the employee.

2.7.7. If a blood or body fluid exposure takes place in the workplace:

2.7.7.1. Ensure that the affected worker washes the exposed area thoroughly with soap and water. Soap should not enter the eyes or the nose or mouth.

2.7.7.2. Immediately notify supervisor on duty; the supervisor will send the worker, and if possible, source individual to the 35 MDG Urgent Care Clinic (UCC) as soon as possible.

2.7.7.3. Appropriately decontaminate surfaces soiled with blood, body fluids, or other PIMs, as soon as feasible using personnel trained in the management of bloodborne pathogens to limit exposure of others.

2.7.7.4. To dispose of contaminated waste, call 35 MDG Facility Management at DSN 317-580-6136 for guidance. Transport the contaminated waste to 35 MDG for proper disposal. Bagged waste need not be transported immediately. It can be containerized and held in a secure manner until regular duty hours.

3. Procedures:

3.1. All Category I civilians will report to PH to be offered the Hepatitis B vaccine at no cost to the employee. Civilian employees are required to be vaccinated in accordance with Air Force SG Policy Letter #03-004. Volunteers must receive the vaccine prior to working in Category I areas.

3.1.1. The Immunizations Clinic will document receipt of each vaccine for employees/volunteers who receive the Hepatitis B series in the Air Force Complete Immunizations Tracking Application (AFCITA) or other appropriate record maintenance system. For Category I personnel, PH also documents the HBV immunization status and follow-up activities into the Preventive Health Assessment and Individual Medical Readiness Database. Civilians declining this vaccine must sign a declination statement (see [Attachment 4](#)). If the employee later wishes to receive the vaccine, they may receive it at no cost.

3.2. At-risk workers will be given initial training prior to working in a work center with risk of exposure to blood or body fluids, or other PIMs and annual training as required by 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens, (see [Attachment 3](#) for training requirements).

3.3. Supervisors will ensure that initial and annual training is documented on the employee's AF Form 55 or equivalent (and appropriate computerized training record if used by the organization) as Initial Bloodborne Pathogen Training and Annual Bloodborne Pathogen Training. PH is available to assist supervisors in training on Bloodborne Pathogens to help meet both initial and annual training requirements.

3.4. All work areas with Category I or II personnel or tasks will develop and maintain a written unit-specific Exposure Control Plan. Initially all plans must be reviewed by PH, and annually thereafter (Attachment 2).

3.5. PPE. Supervisors will:

3.5.1. Ensure adequate PPE (gloves, masks, goggles, face shields, outer protective garments, and so forth) is available for workers to use at all times where there is a potential for occupational exposure to blood, body fluids, or other PIMs.

3.5.2. Enforce the wearing of PPE during procedures in which there is a potential for occupational exposure to blood, body fluids, or other PIMs. Noncompliance of workers to adhere to policies and directives of this program must be immediately addressed through appropriate administrative procedures. This policy is established to protect the government's financial interest and to protect the worker's health.

3.6. If a worker is actually exposed to blood, body fluids, or other PIMs in the course of their duties, (for example, a needle puncture wound, getting cut with a contaminated object such as glass, having blood splash on the skin or mucous membranes of the eyes, nose or mouth) the supervisor will ensure that the worker thoroughly washes the affected area; for eyes, rinse with copious amounts of water. The supervisor will immediately send the exposed worker and, if possible, the source individual, to 35 MDG Urgent Care Center (UCC) for appropriate evaluation, treatment, and follow-up. If it's not possible to send the source individual to the

UCC, the supervisor will ensure that the UCC receives the source individual's name and contact information.

3.6.1. The UCC provider will evaluate the worker's potential exposure to bloodborne pathogens using criteria developed by the Centers for Disease Control (CDC) and prevention based on the type of exposure and source's risk factors.

3.6.1.1. If indicated, ensure appropriate testing of the source as well as testing, treatment, and follow-up care for the exposed worker are accomplished in a timely manner.

3.6.1.2. Notify worker and their employing organization of the necessity of treatment and follow-up of the exposed worker.

3.6.2. A health care provider will provide a written opinion on the individual's exposure incident and recommended follow-up care within 15 days after all initial evaluations have been completed. Ensure that the written opinion is placed in the individual's medical record.

3.6.3. PH will ensure that appropriate follow-up is accomplished using CDC and OSHA guidelines for blood, body fluid, and PIMs exposure.

3.6.4. The unit where the exposure incident occurred will:

3.6.4.1. Ensure areas, equipment, clothing, and materials contaminated by blood, body fluids, or other PIMs are appropriately decontaminated. Small spills/contamination may be cleaned by properly trained unit employees or by certified contractors.

3.6.4.2. Contact Contracting for spills that may be beyond the scope of the unit to manage internally as appropriate.

3.6.4.3. Unit employees trained in decontamination procedures will decontaminate and dispose of any blood, body fluids, or other PIMs using appropriately trained personnel and the procedures outlined in **Attachments 5 and 6**.

3.6.4.4. Place all contaminated articles to be disposed of in a biological hazard bag. This task will be accomplished by appropriately trained unit personnel wearing proper PPE, including: puncture-resistant waterproof gloves, a protective outer garment, and shoe coverings, if there is a potential for contaminating the worker's shoes. If aerosolization or splattering of blood, body fluids, or other PIMs is expected, individuals must wear a mask and goggles or face shield. The biohazard bags will be handled and transported appropriately to 35 MDG (consult with 35 MDG Facility Management, 226-6095). If waste contains sharp items, such as broken glass, needles, or knives, these must be placed in a puncture resistant container which is sealed prior to placing it in a biohazard bag.

NOTE: A regular plastic garbage bag can be used instead of a biohazard bag, if it is clearly marked with a biohazard label and double bagged. Contact Medical Logistics at 226-6008 to request a biohazard label.

4. Contracted Operations:

- 4.1. Protection for contract employees and appropriate disposal of collected waste should be the responsibility of the contractor.
- 4.2. Units planning to use contract services for cleanup of blood, body fluids or other PIM spills, must proactively establish a standing contract that will be quickly initiated when required. Ideally, contract workers should be on scene within an hour of their notification. Do not wait until a BBP incident occurs to try and establish an adequate contract.

5. Record Keeping:

- 5.1. The supervisor will document training on either an AF Form 55 (or equivalent) or computerized database for all units with Category I and II workers for the duration of the worker's employment.
- 5.2. At the end of the worker's employment, the unit will maintain the training record and any documentation of non-compliance by the worker for three years. Upon permanent change of station (PCS) or permanent change of assignment (PCA), the individual will take the AF Form 55 to the gaining unit.
- 5.3. Medical record. The 35 MDG will:
 - 5.3.1. For workers involved in a bloodborne pathogen exposure incident, in the course of his/her duties on MAB, the following will be maintained in each individual's medical record:
 - 5.3.1.1. A copy of the employee's Hepatitis B vaccination status including the dates of Hepatitis B vaccinations and any medical documents relative to the employee's ability to receive the vaccination or the employee's declination statement.
 - 5.3.1.2. A copy of all results of examinations, medical testing, and follow-up procedures pertaining to an occupational exposure.
 - 5.3.1.3. Health professional's written opinion if exposure has occurred during employment.
 - 5.3.2. Provide upon request from an authorized authority (as required by law) and in accordance with organizational procedures the pertinent portions of the employee's medical record for examination and copying. This task will be accomplished under the guidance of 29 CFR 1910.20, *Access to Employee Medical and Exposure Records* and must follow requirements of the Health Insurance Portability and Accountability Act of 1996.

MICHAEL D. ROTHSTEIN, Colonel, USAF
Commander, 35th Fighter Wing

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFMAN 33-363, *Management of Records*, 1 March 2008.

AFI 44-108, *Infection Control Program*, 1 July 2000.

AFPD 48-1, *Aerospace Medical Program*, 3 October 2005.

AFI 48-101, *Aerospace Medical Operations*, 19 August 2005.

AFI 91-204, *Safety Investigations and Mishaps*, 24 September 2008

AFI 91-301, *Air Force Occupational and Environmental Safety, Fire Prevention, and Health (AFOSH) Program*, 1 June 1996.

29 CFR 1910.20, *Access to Employee Medical and Exposure Records*.

29 CFR 1910.1030, *Occupational Exposure to Bloodborne Pathogens*.

Morbidity and Mortality Weekly Report, *Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV, and Recommendations for Postexposure Prophylaxis*, Vol. 50, No RR-11, 29 June 2001.

Morbidity and Mortality Weekly Report, Updated U.S. Public Health Service *Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis*, Vol. 54, No RR-9, 30 September 2005.

Morbidity and Mortality Weekly Report, *Notice to Readers: Updated Information Regarding Antiretroviral Agents Used as HIV Postexposure Prophylaxis for Occupational HIV Exposures*, Vol. 56, No. 49, 14 December 2007.

Adopted Forms

AF Form 55, *Employee Safety and Health Record*. 5 Aug 2011

AF Form 847, *Recommendation for Change of Publication*. 22 Sep 2009

Abbreviations and Acronyms

AFCITA—Air Force Complete Immunizations Tracking Application.

AFRIMS—Air Force Records Information Management System.

BBP—Bloodborne Pathogens.

CDC—Centers for Disease Control.

CFR—Code of Federal Regulations.

CPR—cardiopulmonary resuscitation.

HBV—Hepatitis B virus.

HCV—Hepatitis C virus.

HIV—Human Immunodeficiency Virus.

MAB—Misawa Air Base.

OPR—Office of Primary Responsibility.

OSHA—Occupational safety and health administration.

OSI—Office of Special Investigations.

PCA—Permanent Change of Assignment.

PCS—Permanent Change of Station

PH—Public Health.

PIM—Potentially Infectious Materials.

PPA—Personal Protective Attire.

PPE—Personal Protective Equipment.

RDS—Records Disposition Schedule.

SABC—Self-Aid and Buddy Care.

TB—Tuberculosis.

UCC—Urgent Care Center.

Terms

Additional Terms— For additional terms, see Occupational Safety and Health Standards (OSHA) Title 29 Code of Federal Regulations (CFR) 1910.1030.

Bloodborne Pathogens (BBP)— Disease-causing microorganisms that are present in human blood and can cause disease in humans. Examples include (but are not limited to) Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

Contaminated— Refers to the presence or the reasonably anticipated presence of blood or other PIMs on an item or surface.

Decontamination— Use of physical or chemical means to remove, inactivate, or destroy blood-borne pathogens on the surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Employee— All personnel working in any capacity for the United States Government at MAB, Japan (that is, military, hired civilians, civilian/military volunteers, housekeeping personnel, and students).

Engineering Controls— Exposure control measures that isolate or remove the bloodborne pathogen hazard from the workplace (for example, sharps containers, self-sheathing needles, hand washing facilities).

Exposed Individual— Any individual who comes in contact with blood or other PIMs.

Exposure— Any encounter, direct or indirect, with an injured person's blood or body fluids, or their personal items (that is, clothing, bed linens, bandages, and so forth) contaminated by blood or body fluids.

Exposure Incident— An incident in which blood or PIMs contact the mucous membranes of the eye, nose, or mouth, or make contact with broken, non-intact, or irritated skin. It also includes any incident where a potentially contaminated item penetrates the skin (for example, needle-stick). Human bites are also considered an exposure incident for purposes of screening and follow-up.

Occupational Exposure— Eye, mucous membrane, or parenteral (through the skin/mucous membrane barrier) or non-intact skin exposure to blood or PIMs during the course of an employee's duties. Non-intact skin includes skin with dermatitis, hangnails, cuts, abrasions, chafing, and so forth.

Parenteral— Piercing mucous membranes or the skin barrier through such events as needle sticks, punctures, human bites, cuts, and abrasions.

Personal Protective Equipment/Attire (PPE/PPA)— Specialized clothing or equipment (gowns, gloves, masks, goggles) worn by an employee for protection against a hazard. General work clothes (for example, uniforms, pants, shirts, or blouses) are not intended to function as protection against hazards and are not considered PPE/PPA.

Potentially Infectious Materials (PIM)— PIMs include: All body fluids; any unfixed tissues or organs (other than intact skin) from a human (living or dead); and HIV cell/tissue/organ cultures and HIV or HBV containing culture medium or other solutions; blood, organs or other tissues from experimental animals infected with HIV or HBV.

Sharps— Any object that can penetrate the skin, including but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Source Individual— Any individual (living or dead) who's blood or other PIMs may be a source of occupational exposure to the employee. **Standard Precautions**— An approach to infection control in which all human blood and PIMs (discussed above), or contaminated items that would release blood or PIMs, are treated as if known to be contaminated with bloodborne pathogens. The approach includes the use of barriers or other personal protective equipment/attire (PPE/PPA) between the body fluid of the patient and skin or mucous membranes of the employee.

Work Practice Controls— Measures that reduce the chances of exposure by altering the manner in which a task is performed (for example, prohibiting the recapping of needles using a two-handed technique, avoiding picking up broken glass with bare hands, using proper procedures for collecting and disposing of PIMs).

Attachment 2

SAMPLE BBP EXPOSURE CONTROL PLAN

MISAWA AB BLOODBORNE PATHOGEN UNIT EXPOSURE CONTROL PLAN
(SAMPLE PROGRAM WITH DETAILED EXPLANATIONS)

UNIT: _____

PREPARATION DATE: _____

CERTIFYING OFFICIAL: _____

(THIS SAMPLE PROGRAM IS PROVIDED **ONLY AS A GUIDE** TO ASSIST IN COMPLYING WITH 29 CFR 1910.1030, OSHA'S BLOODBORNE PATHOGENS STANDARD. ADD/CHANGE/DELETE INFORMATION IN THIS SAMPLE PROGRAM AS NECESSARY TO DEVELOP AN EFFECTIVE, UNIT-SPECIFIC EXPOSURE CONTROL PROGRAM. ORGANIZATIONS MUST REVIEW THE STANDARD FOR PARTICULAR REQUIREMENTS APPLICABLE TO THEIR SPECIFIC SITUATION. THE EXPOSURE CONTROL PROGRAM MUST BE REVIEWED ANNUALLY AND UPDATED WHEN NECESSARY).

In accordance with the 29 CFR 1910.1030, OSHA Occupational Exposure to Bloodborne Pathogens Standard, the following exposure control program has been developed.

A2.1. Exposure Determination. OSHA requires employers to perform exposure determination concerning which employees may incur occupational exposure to blood, body fluids, or other potentially infectious materials. The exposure determination is made without regard to the use of PPE. This exposure determination requires a listing of **ALL** job classifications in which **ALL** employees may be exposed, regardless of frequency.

A2.1.1. List job classifications where **ALL** employees have been determined to have a reasonably anticipated occupational exposure to bloodborne pathogens.

JOB TITLE

JOB SERIES/AFSC

(List Title and Job Series or AFSC)

(e.g., Public Health (PH) Technician) (4EOX1)

In addition, if the organization has job classifications in which **SOME** employees may have occupational exposure, a listing of those classifications is required. Since not all the employees in these categories would be expected to incur exposure to blood, body fluids, or other potentially infectious materials, a listing of tasks or procedures is required to clearly understand which employees are considered to have occupational exposure.

A2.1.2. List job classifications where some employees have been determined to have a reasonably anticipated occupational exposure to bloodborne pathogens while performing specific job tasks and procedures.

JOB CLASSIFICATION

TASKS/PROCEDURES

(List Title/Job Series or AFSC) (List Task/Procedure such as emergency rescue/first aid procedures)

A2.2. Implementation Schedule and Methodology. This plan also requires a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A2.2.1. Standard Precautions: The mandatory use of standard precautions is in effect. The term "standard precaution" refers to an infectious disease control system intended to prevent health care and public safety workers from parenteral, mucous membrane, and non-intact skin exposures to bloodborne pathogens. Assume all blood and body fluids (e.g., semen, vaginal fluids, cerebrospinal, lymph, pericardial, etc.) are potentially infectious and appropriate barriers must be established between the patient's blood, body fluids, and other infectious materials and the health care and public safety worker. Under circumstances where differentiation between body fluid types is difficult or impossible, consider all body fluids potentially infectious. Consider all blood, body fluid, or other potentially infectious materials infectious regardless of the perceived status of the source individual.

A2.2.2. Engineering and Work Practice Controls: Utilize engineering and work practice controls to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, use PPE.

**THE FOLLOWING ENGINEERING CONTROLS WILL BE UTILIZED:
CONTROLS**

(List controls, e.g., sharp containers, hand washes, eye washes, etc.)

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: (e.g., list schedule such as daily, weekly, etc). List who (individual or section) has responsibility to review the effectiveness of the individual controls.

INSPECTIONS WILL BE CONDUCTED FOR THE FOLLOWING CONTROLS:

CONTROL	INSPECTION/VERIFICATION
(Hand washes)	(Weekly/Inspected by ____/or list responsible section)

A2.2.2.1. Hand Washing Facilities: Employees who incur exposure to blood, body fluids, or other infectious materials will wash at a readily accessible area. If hand washing facilities are not feasible, the organization is required to provide either an appropriate antiseptic hand cleanser in conjunction with a clean cloth, paper towels, or antiseptic towelettes. If these alternatives are used, wash the hands with soap and running water as soon as feasible. Also, after removal of protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to mucous membranes, wash or flush those areas with running water immediately following contact. Organizations shall list locations of readily accessible hand washing facilities and alternatives to hand washing facilities. Organizations that must provide alternatives to readily accessible hand washing facilities must ensure the maintenance and accessibility of these alternatives.

HAND WASHING STATIONS ARE LOCATED IN THE FOLLOWING LOCATIONS:

(List locations, e.g., patient rooms, procedure areas, vehicles, specific areas in hangars, etc.)

A2.2.2.2. Procedures:

A2.2.2.2.1. PPE.

A2.2.2.2.1.1. All employees will use PPE to minimize or eliminate exposure risks. Consider equipment appropriate only if it does not permit blood, body fluids, or other potentially infectious materials to pass through or to reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal condition of use and for the duration of use.

A2.2.2.2.1.2. Providing PPE: It is the responsibility of the individual organization to provide PPE for its employees at no cost to the employee. (List here who in the organization will provide PPE) will provide to all employees at risk, PPE to include, but not limited to gloves, gowns, coats, masks, eye protection, and mouthpieces, resuscitation bags, or other ventilation devices. Choose PPE based on the anticipated exposure to blood, body fluids, or other potentially infectious materials. Make hypoallergenic gloves, powderless gloves, or other similar alternatives available for those employees who are allergic to the gloves normally used.

A2.2.2.2.1.3. Enforcing the wearing of PPE: The supervisor or section head will enforce the use of PPE by all employees. Not wearing PPE when exposed to blood, body fluids, or other potentially infectious materials is only allowed under rare and extraordinary circumstances where specific use of PPE will prevent delivery of health care or pose a safety hazard to the employee or co-workers. When the employee makes this judgment, the circumstances shall be investigated by the supervisor and documented on a _____, (use an appropriate form for official documentation) to determine whether changes need to be instituted to prevent further incidents where PPE is not worn.

A2.2.2.2.1.4. Accessibility of PPE: The supervisor or section head will ensure availability of PPE in the work area and provide protective clothing to employees. The following (organization, person, unit, etc.) is responsible for distribution of PPE.

A2.2.2.2.1.5. Coordinate with Medical Supply on types of PPE available for purchase.

A2.3. PPE Storage: PPE TYPE STORAGE LOCATION: (list equipment type and storage locations)

A2.3.1. Remove all PPE penetrated by blood, body fluids, or other potentially infectious materials immediately or as soon as feasible. Remove all PPE prior to leaving the work area.

A2.3.2. Place all contaminated PPE in an appropriately designated area or container for storage prior to decontamination or disposal. Handle contaminated disposable PPE as follows:

A2.3.2.1. Buddy system should be used if more than one individual is involved.

A2.3.2.2. Remove outer protective garment, (e.g., gown, apron, lab coat, etc.) fold garment in on itself as the garment is being removed, and place in the biohazard bag.

A2.3.2.3. Remove shoe covers and place in the biohazard bag.

A2.3.2.4. Remove face shield or goggles and place in designated storage area identified for holding contaminated PPE prior to decontamination for reuse.

A2.3.2.5. Remove gloves by turning inside out and place in designated storage area identified for holding contaminated PPE prior to decontamination for reuse or place in biohazard bag for disposal.

A2.4. The following protocol has been developed to facilitate leaving the equipment at the work area:

PLACE/ROOM CONTAINER/DISPOSAL SITE

(List where employees are expected to place the PPE upon leaving the work area, and other protocols, etc).

A2.4.1. Organization will clean, launder, and dispose of all PPE at no cost to employees. The organization will make all repairs and replacement at no cost to the employee.

A2.4.2. Employees will wear gloves when it is reasonably anticipated that hands could make contact with blood, body fluids, other potentially infectious materials, non-intact skin, or mucous membranes and when handling or touching contaminated items or surfaces.

A2.4.3. Gloves will be made available at the following locations:

GLOVE DISPERSAL SITE RESPONSIBLE PARTY

(State location and person responsible for distribution of gloves)

A2.4.3.1. Wear heavy duty, industrial grade utility gloves when any activity such as handling trash, decontamination of instruments or equipment, or environmental cleaning is performed.

Wash utility gloves when minimal soiling occurs. Change utility gloves when heavily soiled or when the integrity of the barrier has been compromised. After removing gloves, employees will wash their hands with soap and water immediately or as soon as possible. Utility gloves may be decontaminated for reuse provided the integrity of the gloves is not compromised. Discard utility gloves when cracked, peeling, torn, punctured, or exhibiting signs of deterioration or when their ability to function as a barrier is compromised.

A2.4.3.2. Do not reuse disposable gloves. Do not wash or decontaminate disposable gloves for reuse. Replace gloves as soon as practical when they become contaminated, torn, punctured, or their ability to function as a barrier is compromised.

A2.4.3.3. You must wear masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, whenever splashes, spray, splatter, or droplets of blood, body fluids, or other potentially infectious materials may be generated and if you anticipate eye, mouth, or nose contamination.

A2.4.3.4. The OSHA standard also requires the use of appropriate protective clothing, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The type and characteristics will depend upon the task and degree of exposure anticipated.

A2.5. The following situations or procedures require protective clothing be utilized:

SITUATION/PROCEDURE PPE USED

(List situation/procedure and PPE to be used like emergency first aid, lab procedures, dental procedures, etc. and use of gloves, lab coat, face shield, etc.).

A2.5.1. Handling contaminated needles, sharp instruments, or other contaminated articles: Education programs are to stress proper management of needles, sharp instruments, or other contaminated articles. Workers are to be aware of the occupational health hazards concerning their use. Common sense, safety, and environmental concerns are paramount in the workers' handling and disposal of needles, sharp instruments, or other contaminated articles. Place emphasis on the minimal handling of these items.

A2.5.1.1. Do not use hands to pick up sharp instruments, broken glass, needle or syringe units, or other sharp objects contaminated with blood, body fluids, or other potentially infectious materials. Pick the object up using other methods not requiring an individual to come in direct contact with the contaminated object (e.g., tongs, forceps, a broom and dust pan, cardboard, etc.).

A2.5.1.2. Place the contaminated objects in a puncture resistant, leak-proof biohazard container, or other impervious, puncture resistant container to be placed in a biohazard bag and take to the 35 MDG, Building 99, for disposal. If the organization does not have a suitable biohazard container, contact the 35 MDG to pick one up. You must exercise extreme caution when disposing of needles and sharp instruments or objects.

A2.5.1.3. Place contaminated nonsharps, (e.g., contaminated gauze, towels, clothing, etc.) in a leak-proof biohazard bag.

A2.5.2. Needles: Do not bend, recap, remove, shear or purposely break contaminated needles and other contaminated sharps. OSHA allows an exception to this if the procedure requires the contaminated needle be recapped or removed, no alternative is feasible and the medical procedure requires the action. Use a mechanical device or one-handed technique if recapping or removal is required.

A2.6. The Following Procedures Require Recapping or Removal of Needles:

PROCEDURE CONTROL METHOD USED

(List the procedures and also list the mechanical device or alternately the one-handed technique used).

A2.6.1. Reusable Sharps Containers: Place reusable contaminated sharps immediately, or as soon as possible, into appropriate sharps containers to await cleaning and sterilization. At this facility, the sharps containers are puncture resistant, labeled with biohazard label, and are leak proof.

LOCATION OF

SHARPS CONTAINERS

RESPONSIBLE INSPECTION

PARTY FREQUENCY

(List where sharps containers are located as well as whom has responsibility for removing sharps and how often the containers will be checked for sharps removal)

A2.6.2. Work Area Restrictions:

A2.6.2.1. Employees are not to eat, drink, apply cosmetics, apply lip balm, smoke, or handle contact lenses in work areas where there is a reasonable likelihood of exposure to blood, body fluids, or other potentially infectious materials.

A2.6.2.2. Do not keep food and beverages in refrigerators, freezers, shelves, cabinets, on counter tops or bench tops where blood, body fluids, or other potentially infectious materials are present.

A2.6.2.3. Mouth pipetting or suctioning of blood, body fluids, or other potentially infectious materials is prohibited.

A2.6.2.4. Conduct all procedures in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood, body fluids, or other potentially infectious materials.

A2.7. The Following Methods will be Used to Accomplish Work Area Restrictions:

PROCEDURE

METHOD OF CONTROL

(List procedures and methods used [e.g., covers on centrifuges, usage of dental dams if appropriate, etc.] to control spraying, splattering, splashing, etc. Also list other appropriate work area restrictions, e.g., designated break rooms, no eating, smoking signs, etc.).

A2.7.1. Specimens:

A2.7.1.1. Place specimens of blood, body fluids, or other potentially infectious materials in containers which prevent leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. Label or color code the containers used for this purpose IAW the requirements of the OSHA standard. Red bags or red containers may be substituted for labels.

(Organizations should note the standard provides a labeling or color coding requirement exemption, provided the facility utilizes standard precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility).

(IF THE ORGANIZATION CHOOSES TO USE THIS EXEMPTION, THEN STATE IT HERE.)

A2.7.1.2. Place any specimen that could puncture a primary container within a puncture resistant secondary container. This container must have appropriate biohazard markings. If the organization does not have an appropriate container, contact the 35th Medical Support Squadron Facility Management (35 MDSS/SGSLF) to pick one up.

The Following Containers will be Used for the Listed Specimens:

SPECIMEN; TYPE OF CONTAINER USED; CONTAINER LOCATION (List specimens, if any, which could puncture a primary container, the containers used as secondary containers, and the location of these secondary containers)

A2.7.1.3. If outside contamination of the primary container occurs, place the primary container within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. If specimen leakage is anticipated, double or triple bag the primary container using color-coded plastic bags or sturdy, clear plastic bags.

A2.7.2. CONTAMINATED EQUIPMENT AND SURFACES:

A2.7.2.1. Examine equipment contaminated with blood, body fluids, or other potentially infectious materials prior to servicing or shipping and decontaminate as necessary unless the decontamination of the equipment is not feasible.

A2.7.2.2. Only trained personnel within the organization will decontaminate contaminated equipment and surfaces.

A2.7.2.3. Individuals who are responsible for decontaminating equipment and surfaces will wear appropriate PPE, including but not limited to: gloves, protective eye wear, and a smock.

A2.7.2.4. At a minimum, clean contaminated surfaces and equipment using the following procedures:

A2.7.2.4.1. Absorb the contaminated material.

A2.7.2.4.2. Disinfect the contaminated area with household bleach.

A2.7.2.4.3. Absorb the disinfectant.

A2.7.2.4.4. Rinse the contaminated area with water.

A2.7.2.4.5. Place paper products used in the clean-up operation in an appropriate biohazard container and take to the 35 MDSS/SGSLF for disposal.

A2.8. List the Procedures Used for Decontaminating Equipment and Surfaces:

PROCEDURES:

(When listing procedures used by your organization, include disinfectants used, location of "spill clean-up kits," etc.) If you cannot decontaminate the equipment or surfaces in this fashion, contact the 35 MDG Infection Control Officer for advice.

A2.8.1. Attach a readily observable biohazard label to the portion of the equipment which remains contaminated.

A2.8.2. Submitting organizations must inform all affected employees, the servicing representative, and/or the manufacturer of the biohazard potential prior to handling, servicing, or shipping, so appropriate precautions can be taken.

The Following is a List of Equipment that would not be Feasible to Decontaminate Prior to Shipping or Servicing:

EQUIPMENT: List any equipment that cannot be decontaminated prior to servicing or shipping.

A2.9. Housekeeping:

A2.9.1. Supervisors or section heads are responsible for maintaining their work areas in a clean and sanitary condition.

A2.9.1.1. Schedule of housekeeping procedures: Establish operating instructions for each section, indicating schedule for cleaning and methods of decontamination based upon work area and procedures performed in the area.

This Facility will be Cleaned and Decontaminated According to the Following Schedule:

AREA TO BE CLEANED SCHEDULE

(List areas and schedule)

Accomplish Decontamination by Utilizing the Following Materials:

PERSONNEL DECONTAMINATING TYPE OF SOLUTION FACILITY

(List the materials utilized, such as bleach solutions or EPA registered germicides)

A2.9.1.2. Decontaminate all contaminated equipment and work surfaces after completion of procedures and immediately or as soon as feasible after any spill of blood, body fluids, other potentially infectious materials, and at the end of the work shift if contamination

occurred since the last cleaning. (Employers should add in any information concerning the usage of protective coverings, such as plastic wrap used to assist in keeping surfaces free of contamination.)

A2.9.1.3. Immediately replace protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and work surfaces when they become overly contaminated, or at the end of the work shift if contamination occurs.

A2.9.1.4. Inspect all bins, pails, cans, and similar receptacles intended for reuse, for blood, body fluid, or other potentially infectious materials. Decontaminate the receptacles on a regularly scheduled basis (e.g., daily, weekly) and decontaminate immediately or as soon as feasible if contaminated. Inspect all bins, pails, cans, and similar receptacles and decontaminate on a regularly scheduled basis:

RECEPTACLE	DATE	INSPECTED	FREQUENCY	LOCATION	INSPECTOR
(List receptacle, frequency, location, date, and by whom, e.g., Trash can/Weekly/Pediatrics/Name of the person/date)					

A2.9.2. Regulated Waste Disposal:

A2.9.2.1. Discard all contaminated sharps as soon as feasible in sharps containers located in the Facility. Sharps containers are located:

LOCATION: (Specify locations of sharps containers)

A2.9.2.2. Place regulated waste other than sharps in appropriate containers.

LOCATION OF CONTAINERS: (Specify locations of containers)

A2.10. Laundry Procedures:

A2.10.1. Handle laundry contaminated with blood, body fluids, or other potentially infectious materials as little as possible. Place such laundry in appropriately marked bags at the location where it was used. Do not sort or rinse such laundry in the area of use.

A2.10.2. All employees who handle contaminated laundry will utilize PPE to prevent contact with blood, body fluids, or other potentially infectious materials.

Laundry at This Facility will be cleaned at:

(List cleaning location to include contractors Name, Phone Number, and Point of Contact)

A2.10.3. When contaminated laundry is shipped off site to a second facility that does not utilize standard precautions in handling all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded IAW 29 CFR 1910.1030, paragraph (g)(1)(i).

A2.11. Hepatitis B Vaccine: The Hepatitis B vaccine will be given to all appropriately designated individuals free of cost. The vaccine will be offered within 10 working days of initial assignment to work unless the employee has previously had the vaccine.

A2.12. Post-Exposure Evaluation and Follow Up: When the employee incurs an exposure incident, the supervisor will report the exposure to PH and direct the employee to the 35 MDG Urgent Care Clinic for initial evaluation and treatment. Post exposure evaluation and follow up

will be done IAW the OSHA occupational exposure to bloodborne pathogens standard, 29 CFR 1910.1030 and followed up by the individual's Primary Care Manager.

A2.13. Training: Supervisors will ensure training of all employees prior to initial assignment to tasks where occupational exposure may occur. Conduct the training in the following manner:

A2.13.1. The OSHA standard for bloodborne pathogens.

A2.13.2. Epidemiology and symptomatology of bloodborne diseases, and tuberculosis, if required by occupation.

A2.13.3. Modes of transmission of bloodborne pathogens and tuberculosis, if potential for risk of exposure exists.

A2.13.4. This exposure control program will cover all major aspects (e.g., key points of the program, lines of responsibility, how the program will be implemented, etc.) and also explain how an individual can obtain a copy of the program.

A2.13.5. Procedures which might cause exposure to blood, body fluids, or other potentially infectious materials.

A2.13.6. Control methods which will be used to control exposure to blood, body fluids, or other potentially infectious materials.

A2.13.7. PPE available.

A2.13.8. Post exposure evaluation and follow-up.

A2.13.9. Signs and labels used.

A2.13.10. Hepatitis B vaccination program.

A2.13.11. All employees will receive annual refresher training. (Note: This training is to be conducted within 1 year of the employee's previous training.)

NOTE: Employers should list here if training will be conducted using videotapes, written material, etc. Also the employer will indicate who is responsible for conducting the training.

THE OUTLINE FOR THE TRAINING MATERIAL IS LOCATED:

(List where the training materials are located)

A2.14. Record Keeping. All records required by the OSHA Standard will be maintained by (All records and documents are subject to the Privacy Act of 1974):

A2.14.1. Insert name or department responsible for maintaining and securing records.

A2.14.2. The 35 MDOS/SGORO will maintain all military and civilian medical records.

A2.14.3. Each organization is responsible for maintaining training records.

A2.15. Dates. All provisions required by the standard will be implemented by: Insert date for implementation of the provisions of the OSHA standard.

Have Responsible Work center Official Sign

APPROVED/DISAPPROVED

35 MDG Infection Control Review Function.

Attachment 3**BLOODBORNE PATHOGEN TRAINING**

UNIT:

PREPARED BY:

CERTIFIED BY:

OSHA standard on bloodborne pathogens 29 CFR 1910.1030. (Briefly outline standard.)

Epidemiology and symptomatology of bloodborne diseases. (Testing for exposure and symptoms of related diseases).

Modes of transmission (e.g., needle sticks, sharps, punctures, splashes, direct contact, etc.).

Exposure Control Program. (Outline and explain the plan, what is covered and by who, also explain how the individual may obtain a copy of the plan).

Procedures that might cause exposure (e.g., rescue, surgery, dental procedures, CPR, etc).

Control methods. (PPE requirements, safe handling of material, and standard precautions).

PPE. (Types, wear, use, and basis for selection.)

Post exposure and follow-up. (Outline what is done.)

Signs and labels. (Meaning, where to order, and how to use).

Hepatitis B vaccine. (Requirements, declination form, and how to request after an initial declination).

Questions. (Interactive question and answer session.)

NOTE: The above is only an outline of what should be included in the units' training (OI). Each unit will have to tailor their OI to meet their unit's needs. Furthermore, the OI must be approved by the 35 MDG Infection Control Review Function.

Attachment 4

HEPATITIS B VACCINE DECLINATION STATEMENT**Figure A4.1. Hepatitis B Vaccine Declination Statement**

I _____, understand that due to my occupational exposure to blood, body fluids, or other potentially infectious materials, I may be at a higher risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge. However, I decline Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a potentially serious disease. If in the future I continue to have occupational exposure to blood, body fluids, or other potentially infectious materials during my employment on/with Misawa Air Base and I decide to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge.

Signature and date _____

Printed Name _____

Attachment 5

DECONTAMINATION PROCEDURES

A5.1. The following procedures are recommended for “site specific” clean up of spills involving blood or body fluids. Five percent household bleach is used here, but the 35 MDG Infection Control Officer must first approve any disinfectant used. Also, outline in your unit’s control program the procedures for clean up using the disinfectant.

A5.1.1. Make a “spill kit” readily available for site cleanup. Place 1/2 cup of household bleach in a dark brown or opaque bottle (sunlight will break down bleach). Put the bleach, 1/2 gallon of water (don’t mix the two until you clean-up a spill), pair of heavyweight, puncture resistant utility gloves, such as those used for house cleaning and dish washing, two household sponges, and paper towels or gauze in a plastic container or a box. Label the kit; attach a hazardous material sticker to the container and place in an area where a spill may occur or in the trunk of a security vehicle, and so forth. Also have the following available for large spills or spills that have the potential for splattering:

A5.1.1.1. Clothing. Must use cloth or disposable gowns or coats to prevent blood contamination of clean-up workers’ clothing. A disposable plastic apron that covers the torso and thighs is recommended if there is a significant probability that blood or body fluids may be splashed onto the clean-up workers. At the completion of clean up, discard disposable clothing protection into a biohazard waste bag.

A5.1.1.2. Facial Protection. Wear facial protection if splattering of blood or body fluids is anticipated. A disposable mask offers protection; however, if there is substantial risk of splattering of blood or body fluids, wear a full-face shield or goggles. Ordinary glasses do not offer adequate protection against splattering. After the completion of clean up, discard disposable facial protection into a biohazard waste bag.

A5.1.1.3. Shoes. If the spill is large and/or there is a potential of contaminating the worker’s shoes, wear waterproof shoe covers.

A5.1.1.4. Do Not Pick Up Contaminated Sharp Objects by Hand. If the spill contains broken glass or other sharp objects, these must be picked up without direct contact with hands. Use metal tongs, a broom and dust pan, or rigid sheets of cardboard used as “pusher” and “receiver” to pick up objects. Place sharp objects into a puncture-resistant container prior to placing into a biohazard waste bag.

A5.2. Absorb the Spill. Absorb the bulk of spilled material prior to disinfections with disposable absorbent material (paper towels, gauze pads, or if a small spill, sponge). If the spill is large, granular absorbent material like that used to absorb caustic chemical spills may be used (for example, kitty litter). Blot (do not wipe) up the spill, allowing the fluids to be absorbed by the towels, and so forth. After absorption of the liquid, discard all materials into a biohazard waste bag.

A5.3. Mix the 1/2 cup of bleach with the 1/2 gallon of water. Flood the site or wipe down the spill site with disposable towels or sponge soaked in bleach to make the site “glistening wet.” Allow the bleach solution to remain in contact with the infectious material for 10 minutes.

A5.4. Absorb the disinfectant with paper towels and dispose of the paper towels in a biohazard waste bag. Alternatively, the spill site may be permitted to air dry.

A5.5. Rinse the spill site with water to remove a chemical residue. Dry the site to prevent slipping.

A5.6. Place all disposable materials used in the decontamination process into a biohazard waste bag. Dispose of the remaining disinfectant by pouring down the sanitary sewer.

A5.7. Decontaminate reusable materials and equipment following the above procedures.

A5.8. If clothing becomes contaminated with blood or body fluids, it should be removed as soon as possible, the skin washed with soap and water, the clothing placed in a biohazard bag, and disposed of or cleaned by a laundry capable of handling blood contaminated clothing.

NOTE: The above disinfecting solution is approximately a 1:10 dilution of household bleach. Larger or smaller amounts may be made following this dilution rate.

Attachment 6**EMERGENCY BLOOD OR BODY FLUID SPILL KIT CONTENTS LIST****A6.1.** Suggested components.

A6.1.1. One tyvek type (impervious) coverall w/hood and boots.

A6.1.1.1. Three pairs disposable nitrile gloves.

A6.1.1.2. One face shield w/head strap.

A6.1.1.3. One CPR microshield rescue breather.

A6.1.1.4. One disposable dust/mist respirator mask.

A6.1.1.5. Two biohazard bags.

A6.1.1.6. One sheet of biohazard labels.

A6.1.1.7. One small brown or opaque bottle containing 1/2-cup of household bleach (Bottle must be tightly sealed and appropriately labeled), and two household sponges.

A6.1.1.8. One zip closing bag containing paper towels or gauze.

A6.1.1.9. One pair of disposable (plastic) tongs or other rigid tool to use for picking up contaminated sharps (Explanation of this tool is explained in greater detail in decontamination procedure protocol).

A6.2. Kit should not be reused.**A6.3.** Kit is nonsterile.**A6.4.** Please dispose of contaminated, noncleanable material properly.**A6.5.** Use biohazard labels on all containers used to transport biohazardous materials as well as bags containing contaminated waste.

NOTE: Components of this kit which are not contaminated during its use may be reused when building another kit.